

Organization Official's Information Sheet

Louisiana Department of Revenue Office of Charitable Gaming PO Box 1631 Baton Rouge, LA 70821 Phone: 1-800-562-9235 www.ocg.louisiana.gov

STA	ATE LICENSE NUMBER: G ORGANIZA					
OF	FICIAL SIGNATURE OF EXISTING OFFICER: X					
1.	Anyone listed on this form will be considered an MIC (Member-In-Charge). At least one MIC must be present at all games, as provided by LA R.S. 4.714(D).					
2.	The Social Security number is required and it is kept confiden	tial.				
3.	Any changes in officers, directors, gaming management or members must be filed with the Office of Charitable Gaming within (10) days of the change as provided in LA R.S. 4:718 (E).					
4. The signature of a current official listed with the Office must be in the space provided above.						
5.	The second and additional set of revisions to your license must be accompanied by a \$25 check, made payable to "Office of Charitable Gaming" and written on the gaming account. A set is any number of changes to your license sent in together and at the same time. (Ex: if you mail or fax in forms for a paper change, adding officials, and modifying a date on your license all together, only one \$25 fee is charged)					
Ple	ease check the purpose of this revision:	Social Security Number (Required)	Date of Birth			
	Change Position New Official Inactivate Renew					
Las	st Name, First Name, Middle Initial	Phone Number(s): (Include Area Code)				
Со	mplete Home Address (Street, City, State, Zip)	Alternate Phone Number:				
Cu	rrent Position(s) Held. Circle all that apply.					
	President Uice President Secretary Member-In-Charge Treasure	er Director/Board Member Other C	Officer (Specify)			
	ive you ever been convicted, pled guilty, pled nolo contendere or failed rish, or local law or ordinance other than misdemeanor traffic violations					
	eclare that I have read , understand , and agree to comply with the st thin LA.R.S. 4:701 et seq as well as the corresponding regulations conta		g in the State of Louisiana contained			
Sig	nature (officials to be deleted from your organization do not have to sign)	Date				
	case check the purpose of this revision: Change Position New Official Inactivate Renew	Social Security Number (Required)	Date of Birth			
Las	st Name, First Name, Middle Initial	Phone Number(s): (Include Area Code)				
Со	mplete Home Address (Street, City, State, Zip)	Alternate Phone Number:				
Cu	rrent Position(s) Held. Circle all that apply.					
	President ☐ Vice President ☐ Secretary ☐ Member-In-Charge ☐ Treasure	er Director/Board Member Other C	Officer (Specify)			
	ive you ever been convicted, pled guilty, pled nolo contendere or failed rish, or local law or ordinance other than misdemeanor traffic violations					
	eclare that I have read, understand, and agree to comply with the st thin LA.R.S. 4:701 et seq as well as the corresponding regulations conta		g in the State of Louisiana contained			
Sig	nature (officials to be deleted from your organization do not have to sign)		Date			
Χ						

STATE LICENSE NUMBER: G-	ORGANIZATION NAME:	

OFFICIAL SIGNATURE OF EXISTING OFFICER: X					
	OFFICIAL	CICNIATURE (LE EVICTING	OFFICED, V	

Please check the purpose of this revision:	Social Security Number (Required)	Date of Birth			
Change Position New Official Inactivate Renew					
Last Name, First Name, Middle Initial		Phone Number(s): (Include Area Code)			
Complete Home Address (Street, City, State, Zip)		Alternate Phone Number:			
Current Position(s) Held. Circle all that apply.					
☐ President ☐ Vice President ☐ Secretary ☐ Member-In-Charge ☐ Treasure	er Director/Board Member Other O	officer (Specify)			
Have you ever been convicted, pled guilty, pled nolo contendere or failed parish, or local law or ordinance other than misdemeanor traffic violations	9 ,	,			
I declare that I have read, understand, and agree to comply with the st within LA.R.S. 4:701 et seq as well as the corresponding regulations contains		g in the State of Louisiana contained			
Signature (officials to be deleted from your organization do not have to sign)		Date			
X					
Please check the purpose of this revision:	Social Security Number (Required)	Date of Birth			
☐ Change Position ☐ New Official ☐ Inactivate ☐ Renew					
Last Name, First Name, Middle Initial		Phone Number(s): (Include Area Code)			
Complete Home Address (Street, City, State, Zip)	Alternate Phone Number:				
Current Position(s) Held. Circle all that apply.					
President Vice President Secretary Member-In-Charge Treasure	er Director/Board Member Other O	officer (Specify)			
Have you ever been convicted, pled guilty, pled nolo contendere or failed parish, or local law or ordinance other than misdemeanor traffic violations					
I declare that I have read, understand, and agree to comply with the st within LA.R.S. 4:701 et seq as well as the corresponding regulations contains		g in the State of Louisiana contained			
Signature (officials to be deleted from your organization do not have to sign)	Date				
Please check the purpose of this revision:	Social Security Number (Required)	Date of Birth			
Change Position New Official Inactivate Renew					
Last Name, First Name, Middle Initial	Phone Number(s): (Include Area Code)				
Complete Home Address (Street, City, State, Zip)	Alternate Phone Number:				
Current Position(s) Held. Circle all that apply.					
President Vice President Secretary Member-In-Charge Treasurer Director/Board Member Other Officer (Specify)					
Have you ever been convicted, pled guilty, pled nolo contendere or failed to answer to charges of any criminal violation of any federal state, county/parish, or local law or ordinance other than misdemeanor traffic violations? If yes, provide an attached explanation. Yes No					
I declare that I have read, understand, and agree to comply with the statutes which govern charitable gaming in the State of Louisiana contained within LA.R.S. 4:701 et seq as well as the corresponding regulations contained within LAC 42:1.1701 et seq.					
Signature (officials to be deleted from your organization do not have to sign)	Date				